

DO NOT DETACH  FORM SR-21A VERMONT	<b>(Operator # 1) Must Complete Both Sections Below In Full</b> If you Fail To Give Full Information Below, It Will Be Assumed That You Do Not Have Automobile Liability Insurance And A Suspension Of Your License/Privilege To Operate In Vermont Will Be Issued.	A.O.T. NO.
Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodily injury and \$10,000 property damage insurance in effect on the date of the above accident? (You must answer Yes or No) .....		
Name of the insurance company <b>(NOT AGENT) (For Operator #1)</b> .....		
Insurance Company mailing address .....		
Policy number ..... Policy period from ____/____/____ to ____/____/____.		
Name of policyholder ..... Address .....		
Name of operator at time of accident <b>X</b> ..... Date of acc. ....		
Is this motor vehicle covered by a certificate of self-insurance? ..... If so, certificate no. ....		
DO NOT DETACH  FORM SR-21A	VERMONT DEPARTMENT OF MOTOR VEHICLES MONTPELIER VERMONT	A.O.T. NO.
Name of insurance company with whom you are insured for liability or damage to others <b>(For Operator #1):</b> ..... FULL NAME OF INSURANCE COMPANY <b>(NOT AGENT)</b>		
Policy number ..... Policy period from ____/____/____ to ____/____/____.		
Date of accident ____/____/____ at or near ..... Vermont		
Make of your vehicle ..... Year ..... Type ..... VIN Number .....		
Operator ..... Address .....		
Owner ..... Address .....		
Name of policyholder ..... <b>X</b> Signature of operator .....		